

CONCILIATION SERVICES

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**To Request Conciliation Counseling
(Free Marriage Counseling)
(Forms and Instructions Packet)**

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SELF SERVICE CENTER

REQUEST FOR CONCILIATION COUNSELING

How to assemble these documents

This packet contains court forms and instructions to request Conciliation Services for parties who are married and want to receive free counseling either prior to filing a petition for divorce or immediately after filing a petition for divorce. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRADC1t	Table of forms/instructions in this packet	1
2	DRADC1k	Checklist to file	1
3	DRADC14h	Instructions and Procedures: Help for Requesting Conciliation Counseling	2
4	DRADC14f	<i>"Petition for Conciliation Counseling"</i>	2

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SELF SERVICE CENTER

REQUEST FOR CONCILIATION COUNSELING (FREE MARRIAGE COUNSELING)

CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation.

- ✓ You want to try to reconcile (get back together) or resolve the issues in your case with your spouse.
- ✓ You or your spouse either have or have not filed a petition for divorce.

READ ME: It is very important for you to know that when you sign any court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

SELF SERVICE CENTER

INSTRUCTIONS AND PROCEDURES: HELP FOR REQUESTING CONCILIATION COUNSELING

USE THIS PACKET to request conciliation counseling prior to filing for divorce or immediately after filing for divorce. Complete the ***"Petition for Conciliation Counseling"*** in the following manner. If you choose to file a ***"Petition for Conciliation Counseling,"*** you and your spouse will be **required** to attend **free** counseling provided by Conciliation Services. The counseling is conducted by a professional counselor. If a petition for dissolution, legal separation or annulment has been filed and the ***"Petition for Conciliation Counseling"*** is filed within 60 days of service of the petition for divorce, there will be a hold (or stay) on the divorce proceedings up to 60 days. If no divorce, legal separation, or annulment has been filed, the ***"Petition for Conciliation Counseling"*** will prevent a divorce proceeding from being filed for a period of up to 60 days. If a ***"Petition for Conciliation Counseling"*** has been filed by either party within the previous year, the divorce proceeding will **not** be put on hold.

STEPS INSTRUCTIONS

STEP 1 **USING BLACK INK ONLY, type or neatly print** your name, address, city, state, zip code, and telephone number in the top left-hand corner of the document. If your case has an ATLAS number, write in the ATLAS number. If you are represented by an attorney, write in the attorney's bar number. Then, write in the case number on the top right portion of the form, after "Case Number." Your Superior Court Case Number is the file number of your domestic relations case if you have filed for divorce, legal separation, or annulment. If you or your spouse have not filed for divorce, legal separation, or annulment, you will not have a Superior Court Case Number. Leave the Conciliation Case Number blank. Conciliation Services will fill in this information along with the "date/time filed" and "by" information.

STEP 2 Complete the caption of the case. If you filed for divorce, you are the petitioner. If the other party filed for divorce, he or she is the Petitioner. If neither you nor your spouse have filed for divorce, and you are asking for Conciliation Counseling, you are the Petitioner. **PRINT** the Petitioner's name clearly just above "Petitioner," and the other party's name above "Respondent." If the other party served you with court papers, copy the caption as it appears in the papers you were served with.

STEP 3 Fill in the body of the Petition.

1. Paragraph 1 tells the court that you want conciliation counseling.
2. Paragraph 2 tells the court that you understand you cannot get out of conciliation counseling until the minimum required conferences have been concluded unless good cause is shown.
3. In paragraph 3, check the box to tell the court whether you or your spouse have filed a Petition for Divorce, Legal Separation, or Annulment.
4. In paragraph 4, check the box to tell the court whether you or your spouse have previously filed a Petition for Conciliation Counseling.
5. In paragraph 5, write in your name, address, city, state, zip code, and telephone number.
6. In paragraph 6, write in your spouse's name, address, city, state, zip code, and telephone number.
7. In paragraph 7, write in the name and age of each minor child, including stepchildren, whose welfare may be affected by the controversy.

Then, date and sign the Petition for Conciliation Services with the current day, month and year. Provide the name, address, and telephone number of your attorney (if you have one) and your spouse's attorney (if he or she has one).

STEP 4:

Deliver or mail the original of the Petition for Conciliation form to the appropriate Conciliation Services Office **located at:**

Central Court Building
201 West Jefferson, 3rd floor
Phoenix, Arizona 85003

Northeast Court Facility
18380 N. 40th St.
Phoenix, Arizona 85032

Northwest Court Facility
14264 W. Tierra Buena Lane
Surprise, Arizona 85374

Southeast Court Facility
222 E. Javelina
Mesa, Arizona 85210

After receiving your request, the Conciliation Services Office will review the matter and notify you of any action taken on your request.

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Name of Person Signing Document: _____
 Your Address: _____
 Your City, State, and Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney's Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA COUNTY OF MARICOPA

Case Number: _____
 Conciliation Case Number: _____
 Name of Petitioner _____

PETITION FOR CONCILIATION COUNSELING

Name of Respondent _____
 Name of Judge assigned to your Superior Court case
 (if applicable).
 If unknown call: (Phoenix) 602-506-1561
 (Mesa) 602-506-2021

I, _____, respectfully represent as follows:

1. A controversy/disagreement between my spouse and myself exists. The help of the court is requested to effect a reconciliation or an amicable settlement of the controversy.
2. I fully understand that this Petition may not be withdrawn from Conciliation Services until the minimum required conferences have been concluded, or until the court ends the proceedings.
3. To the best of my knowledge, there ☐ is OR ☐ is not a Domestic Relations action (annulment, legal separation, or divorce) pending between my spouse and myself.
4. A Petition for Conciliation Counseling ☐ has or ☐ has not been previously filed in this court by either spouse.
5. My present address and telephone number is:

Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____

6. My spouse's present address and telephone number is:

Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____

7. The name(s) and age(s) of each minor child, including any stepchild(ren), whose welfare may be affected by the controversy are: (use additional sheets of paper if necessary.)

Name and Age: _____
 Name and Age: _____
 Name and Age: _____

Case No. _____

8. Do you or the other party need an interpreter? Yes ☐ No ☐ If yes, what language? _____

RELIEF REQUESTED. Therefore, I request that the parties be ordered to attend Conciliation Services in an effort to effect a reconciliation of the spouses, or an amicable settlement of the controversies involved.

Today's Date: _____
Signature of Person Requesting Conciliation Counseling

Your attorney's name, address and telephone number:

Attorney's Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Your spouse's attorney's name, address, and telephone number:

Attorney's Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____